SEPTEMBER 1952

Mental Hospitals

Volume 3 Number 7

In this issue:

Entrance drive to a patients' building at Southeast Louisiana Hospital, Mandeville.

with Truscon Intermediate Projected Psychiatric Windows

Designed with both the wants of the patients and the needs of the institution in mind, Truscon Intermediate Projected Psychiatric Windows at the Ohio State Sanitarium provide plenty of healthful sunlight and fresh air, yet prevent danger or injury to inmates.

Above: Ohio State Sanitarium, Mt. Vernon, Ohio. Truscon Intermediate Projected Psychiatric Windows shown in open position, in both pictures. Walker & Norwick & Templin, Architects; Knowlton Construction Company, Contractors.

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EDITORIAL

Budgets and Budget Making

NEXT JANUARY practically all of the state legislatures will meet to consider various problems, including appropriations for the operation of the state institutions. Just now, therefore, the superintendents of the various state hospitals find themselves in the throes of preparing a budget for the coming year or biennium.

Various factors are at work. On the positive side, the governors and the public in general are showing an increasing interest in the improvement of the care of the mentally ill, and a recognition of the fact that in all too many instances the appropriations for maintenance and construction have been inadequate or worse. On the other hand, the increasing costs of government, (as of everything else too!) together with the greater difficulties of raising public funds by taxation, are causing all appropriating authorities to scrutinize closely all requests and to reduce appropriations if possible.

In some states the practice exists of setting a "ceiling" or "target" figure, instructing department and hospital heads not to exceed this figure in making their estimates. Such a procedure should be roundly condemned as being fair neither to the institution or department on the one hand nor to the legislature on the other. It puts the budget commission, or whatever the authority may be termed who prepares the final estimates, in the position of being the ultimate arbiter of the hospital's fate, and usurping the right of the representatives of the people to pass on the hospital's needs.

The only sound governmental policy may be stated thus: It is the duty of the hospital or department head to present honestly and fairly the reasonable needs of his agency for the period to be covered by the appropriation, together with an outline of the construction needs which are likely to be called for during the next five or ten years. In this manner the legislature may be in a position to set long range policies for building and expansion. Then the needs should be presented to the legislature with whatever supporting data are required. Upon the basis of such presentations from the various departments of the state government the legislature as the mouthpiece of the people of the state may determine whether the requests may be met in full or whether the financial resources of the state compel a reduction in the amount. Finally, the legislature having determined, in the light of full knowledge of the needs, what may be afforded, it is the duty of the hospital or department to live within that amount. Imposing a "gag rule" or otherwise keeping the legislature in the dark as to the true needs of the hospital does not comport well with the essence of the democratic process.

Winfred Overholser, M.D.
Chief Consultant M. H. S.

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Treatment of Pulmonary Tuberculosis in Mental Hospitals

BY G. N. J. SOMMER, JR., M.D.,
Consulting Thoracic Surgeon to New Jersey State Hospital, Trenton and VA Hospital, Lyons, N. J.

IT IS GENERALLY recognized that pulmonary tuberculosis is common among patients in hospitals for the mentally ill. Programs for the detection of tuberculosis and the proper isolation of tuberculous patients are in force at many such hospitals. The problems of detection and general care have recently been reviewed by Anderson in this journal. Sommer et al are presenting further data on the incidence of active tuberculosis and death rates in mental hospitals.

There is, however, much less available knowledge regarding the treatment of tuberculosis in mental patients. Recent articles on this subject have been contributed by Lambiotte, Close and Isbister and their colleagues. In this present article, the methods and problems of treatment will be discussed based upon a survey of the work during the past six years at two hospitals by Sommer et al.

It cannot be over-emphasized that a treatment program must parallel efforts to detect and isolate patients with tuberculosis. Without an active, well-rounded tuberculosis program, interest will lag in any large institution devoted principally to the treatment of some other disorder. Unless tuberculosis and allied thoracic diseases are constantly brought to the attention of the other specialists, the latter are certain to pass over cases of tuberculosis. Furthermore the interest and cooperation of the nursing and non-professional personnel will not be maintained unless they can witness and participate in the successful treatment of tuberculous patients. The active treatment programs described have had the wholehearted support of the groups mentioned.

The well established priniciples of sanitarium care are the basis of any treatment program of tuberculosis in psychotic patients. These principles are improvement of general condition and nutrition by bed rest and proper and adequate diet. Feeding problems, so common in psychotic patients, must be overcome to combat tuberculosis. It may be that isonicotinic acid hydrazide, recently introduced in the treatment of tuberculosis, will be a great aid in promoting appetite and nutrition of psychotic patients. Appetite improvement has been one of the striking effects of this therapy in critically ill patients and has recently been noted by the writer in psychotic tuberculous patients.

Although Isbister et al state they have been unable to enforce bed rest on their patients, this has not been my experience. At the two hospitals discussed, bed rest programs have been well followed by the majority of patients. Certain psychotic patients very readily accept rest programs.

Antibiotic therapy is carried out according to the methods developing during the past years. At the present time combined intermittent therapy with streptomycin and para amino salicylic acid (PAS) is being used freely. The streptomycin is being given in doses of one gram two or three times a week and PAS ten to fifteen grams each day. With these programs, emergence of drug resistance is greatly delayed in appearance and lessened in incidence. Furthermore, the toxic effects of the streptomycin on the function of eighth cranial nerve are very rare. While in the past streptomycin was given for periods up to three or four months, at the present time intermittent combined therapy with PAS is used for eight months or more. The prolonged therapy may not only bring early or limited tuberculosis lesions to clinical cure but prepares patients with longer standing and severe lesions for other forms of therapy such as thoracoplasty or pulmonary resection. Good results are now obtained even in severe tuberculous pneumonia by combinations of rest and antibiotic and surgical treatment.

An effort has been made to afford the tuberculous psychotic patients all forms of treatment customarily used in sanitaria. While in general this program has been successfully carried out, there were individual exceptions due to lack patient cooperation.

In studying the patients treated, a comparison was made with a group of non-psychotic patients treated at a sanitarium in part under the same auspices and with the same therapeutic outlook. It was found that the treated psychotic patients were on the average 13 years older than the non-psychotic ones. While fatal tuberculosis was only too prevalent at the mental institutions, the treated patients had, as a whole, the more chronic and less extensive tuberculosis lesions. Bilateral collapse therapy was less frequently employed in the psychotic patients.

Phrenic nerve paralysis has not been effective in tuberculosis of psychotic patients and has been given up except in conjunction with pneumoperitoneum therapy. Isbister et al have had a similar experience. Pneumoperitoneum is now being employed at one hospital largely in conjunction with antibiotic therapy for extensive bilateral tuberculosis. While this proceeding is well tolerated, good results have been largely palliative.

Artificial pneumothorax today does not have the popularity it once enjoyed in the treatment of tuberculosis. In properly selected, fresh and not too extensive tuberculous lesions, however, good results are attained with few and not severe complications. Its use for tuberculous psychotic patients should be similarly limited to cases with favorable indications. Although pneumothorax therapy was attempted in a large group of patients, good results were attained in only a small proportion. No severe complications were experienced. Older patients and those with chronic lesions did not lend themselves to successful pneumothorax therapy.

Pneumothorax therapy should not be used unless facilities are available for thoracoscopy and intrapleural pneumonolysis since no pneumothorax should be maintained without perfect anatomical collapse. The frequent presence of pleural adhesions preventing this proper collapse requires pneumonolysis which has been well tolerated by psychotic patients in the experience of Lambiotte and Sommer and their colleagues.

The best results so far have been obtained by extrapleural thoracoplasty. Lambiotte and others have noted the high average age of their patients and among the patients who took part in the work described herein, almost half were over 50 years of age, a much higher percentage than is reported in series of non-psychotic patients. Isbister et al have reported very good results in eight patients treated by thoracoplasty; in my work, I have attained sputum conversion in 77-1 percent of a group of 35 patients followed for more than one year. If only living patients are considered, the sputum conversion rate would be 87.1. Four patients died—one post-operatively and three later; of these three, one died of tuberculosis and two of non-tuberculous causes.

Although the favorable rate of sputum conversion has been attained with a low operative mortality rate, the incidence of operative complications, atelectasis and spread of tuberculous disease has been about twice that of the control group of non-psychotic patients. These patients require careful pre-operative preparation since their general condition is often impaired because of their mental and physical states. Furthermore the details of post-operative care must be carefully followed. Small stage operations only should be done.

More recently we have carried out six

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Fourth Institute to emphasize Patients' Needs

ALTHOUGH the preliminary program of the 4th Mental Hospital Institute has been carefully planned to meet the interests of a wide variety of disciplines within the hospital, its underlying theme will be focussed on one person—the patient. Delegates, meeting this year from October 20th through 23rd at the Deshler-Wallick Hotel in Columbus, Ohio, will discuss the patient's clothing, his surroundings, the nursing care he gets, his religious needs and his future when he leaves the hospital.

There will be an Academic Lecture on the development of research programs in mental hospitals under existing circumstances. The speaker will be Dr. Jacques S. Gottlieb.

Drs. Winfred Overholser and Addison M. Duval will lead a discussion on design and construction and equipment of mental hospitals, with particular reference to functional furnishings. This session will include a brief report upon the conference held in Washington in April of this year, and the further steps being considered to provide up-to-date and reliable information in the architectural field.

A review and discussion of current techniques and practices for measuring the relative progress of patients will be the subject of a plenary session. Dr. Harvey J. Tompkins will act as chairman for a discussion on nursing services, and his period will include a report on the Psychiatric Aide Training Workshop to be held shortly before the Fourth Institute.

Under the title of "Unified Hospital Reporting" the Institute will consider plans for making the best use of the new A.P.A. "Diagnostic and Statistical Manual" of which over 7,000 copies are now in circulation. Consideration will also be given as to how the Mental Hospital Service can increase its usefulness to member hospitals, with emphasis upon its use as a central agency for gathering information from all mental hospitals. The Chairman will be Dr. Jack Ewalt, Commissioner of Mental Health for Massachusetts.

Dr. Crawford Baganz, Chairman of the Committee on Qualifications and Training Standards for Mental Hospital Administrators, will lead a discussion on the underlying problems and possible answers in this area, and report upon studies already made.

Vocational counseling and rehabilitation of mental patients, patient follow-up after discharge, and the role of out-patient clinics are scheduled for another session. A discussion on the care and treatment of the psychopath will be led by Dr. Raymond Waggoner, Director of the Neuropsychiatric Institute, Ann Arbor, Michigan.

There will be six simultaneous two-hour sessions this year, each directed toward the interests of special groups. A brief report of each session will be made at a plenary

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Can we define Disciplinary Roles?

BY LUCY D. OZARIN, M.D.,
Asst. Chief, Hospital Psychiatry Section,
Veterans Administration

"EVERYBODY WANTS to get into the act," is a well-known phrase heard more and more frequently in psychiatric circles. Public interest in psychiatry is bringing many more workers with varied professional backgrounds into our psychiatric hospitals.

While one might well say a fervent "Thank God! Now there will be more hands to do the work," the expansion of existing professional groups and the entrance of new ones have posed problems too. Who does what? How is it done? How is duplication of effort avoided? How can we eliminate competition for the patient's time? And so on.

Some of the professional groups are earnestly trying to evolve a definition of their own roles and functions. Clinical psychology and psychiatric nursing are two notable examples. The psychologist, of course, has certain unique contributions to make. He is, as a rule, the most capable research worker in the hospital. Administratively he is in a neutral position and can act as the observer of a hospital milieu, the evaluator of patient and staff morale, the constructive critic of the effectiveness of therapy. He is in many ways able to guide the directors of treatment and administration.

The psychiatric nurse, too, has a role all her own. The nurses and aide members of the nursing corps are in closer and more continuing contact with the patients than any other professional group in the hospital. The atmosphere of the hospital ward, the social structuring of the ward organization, the attitudes shown toward the patients, are all determined by the nurses and aides. It is within their power to negate considerably the therapeutic efforts of the physician and other professional workers. It is equally within the boundaries of their skills to influence and motivate patients in the direction of health and to teach by example the resolution of everyday problems and the satisfactions derived therefrom.

Occupational therapy, on the other hand, has shown very little tendency to depart from its traditional role in the hospital. In fact, its area of function has been reduced by the emergence of separate departments for recreation and athletics. The sphere of the occupational therapist has narrowed in many hospitals to the occupational therapy clinic or shop or the small garden. Although the scope has advanced from handwork to higher levels of activities, occupational therapy has remained essentially a highly individualized therapy. Group techniques in this field may broaden the scope of the services available to patients in the mental hospital.

Probably the most obscure area is that of psychotherapy—a word of many definitions. Psychotherapy may mean any experience brought into the daily life of the patient or it may mean a formal two-person interview for the purpose of exploring the patient's problems in living at various levels of depth. Whatever its meaning, it is the glamor girl of all the therapies and the worker who professes to carry out psychotherapy with patients seems to have reached the most esteemed and sometimes the most highly-salaried position. Small wonder, then, that everyone who works in the hospital with patients seeks to "do psychotherapy."

Unfortunately there is a tendency to emulate the physician's method of psychotherapy and to lose sight of the many skills and techniques inherent in the training and experience of the professions of nursing, clinical psychology, social work and the various physical medicine and recreation groups. The techniques per se of verbal psychotherapy in an interview situation are not the privileged property of the physician alone. Many intelligent laypersons can be taught how to elicit information, how to encourage a patient to ventilate and abreact feelings or suppress them. But the judgments as to timing and rate of movement, the skills in perceiving and handling the feelings and reactions of patients, and the ability of the therapist to recognize his role in the therapeutic situation and deal with his own feelings, call for specialized training which may not be included in the curricula of other professional disciplines which work in the field of psychiatry.

In my opinion, our sister professions are making a grave error if they are ready to become substitute psychiatrists instead of members of a professional discipline with their own special sphere of tradition, competence and skill—if they are ready to sell their birthrights for a mess of psychotherapy. Rather, their own skills and techniques, modified and adapted according to the need, can broaden both the scope of available treatment for patients and the professional competence and area of usefulness of the individual staff members. The nurse, for example, entering the day room for an hour's stay, bringing with her a pot of coffee for everyone to share, can stimulate a degree of interaction between staff and patients. She can make therapeutic use of her role of female authoritarian figure in the ward constellation. By utilizing the everyday essential routines of eating, bathing, sleeping, dressing and attending activities, she can offer her patients opportunities for corrective emotional experiences in areas which often contain the roots of the patient's

(Continued on page 10)

THE PATIENT DAY BY DAY

Nursing Service

SPECIAL METHODS WITH NP-TBC PATIENTS

IN THE MAY ISSUE of the VA Bulletin for the nursing service, two V. A. nurses, Almeda M. King and Adelaide A. Hughes, present a detailed article upon the care of the NP-TBC patient.

Practical suggestions include the bringing of occupational therapy to these isolated patients. Material for OT work might be kept on the ward, so that the patients can use them when the worker is not there. The OT worker, say the authors, must be carefully instructed in the use of cap, gown and mask, and be provided with such articles, as should all visitors. All workers, as well as family and visitors, must understand that the psychotic tuberculous patient may not be able to take responsibility for protecting others from his infection, and they must therefore be fully responsible for protecting themselves.

Since patients cannot go to the canteen, some arrangement should be made for them to obtain supplies, either by service from the canteen, or by volunteer shoppers.

It is well, say the authors, to write out detailed nursing procedures, and place them where they may be used by all. These instructions should be simple, specific in detail and practical in application, for use by nurses, aides and attendants. The procedures should include the most effective means of sterilization or decontamination of equipment, and the length of time it takes.

Since a fundamental objective of all housekeeping procedures in such a ward is to prevent the dissemination of tubercle bacilli by dust particles, soiled linen should be removed with the minimum of movement of shaking, and placed directly into linen hamper bags. Damp dusting, the use of sweeping compounds and/or the use of wet-separation-type vacuum cleaners, is recommended as a regular procedure. Walls should be washed frequently, and drapes made of plastic or washable cottons may easily be kept free from dust. For the same reason pictures should be covered with washable material.

One of the most difficult responsibilities for all the ward personnel is the enforcement of bed rest, the need for which is not always wholly understood by the patient. Personnel must never cease to offer explanations and seek ways in which to help the patient meet this need. They may have to lead him back to bed over and over again, and devise ways of keeping him there by means of passive distractions like music, companionship, card games, books, etc. Regular morning and afternoon rest hours, add the authors, while raising problems peculiar to the mentally ill can be maintained if attempted regularly and consistently, and at the same time each day. (19-1)

In this section of MENTAL HOSPITALS will be found the material especially intended for the people who work daily with the patient, helping him bathe, dress, feed himself, play games, talk with fellow patients, draw or make things.

Just as the hospital ward with its vicinity is the substitute home of the mental patient while he is in the hospital, so are these people who live and work with him daily his substitute family in an intimate sense that nobody else on the staff can become.

These "family figures" vary, of course in function, wisdom and authority, just as members of a human family vary. But each helps to create the mood and atmosphere of the ward world.

We invite suggestions and contributions from nurses, aides, attendants and volunteers; from the therapists who help the patient to work and play, from all the people whom he sees daily and who are his companions and guides on the difficult road back to reality.

Ancillary Services

"CHARM SCHOOL" SPEEDS RECOVERY

CAMARILLO (CALIF.) STATE HOSPITAL reports great success with its beauty salon, especially with very disturbed or withdrawn patients. During her hospital life, there are frequent periods when a woman patient returns to a relatively normal frame of mind, and if she is able, on looking into a mirror, to see herself as she did at home and well, there is less likelihood of her withdrawing again.

Although over six hundred women attend the beauty parlor each month, four licensed cosmetologists managed to give a personal type of service, ranging from machineless permanent waves, shampoos, hair cutting and setting to facials and manicures.

A small edition of the large, modern shop, well decorated and pleasant, has been opened in the new Receiving and treatment unit. Here the women who come for hair dressing have been receiving electroshock or insulin, or medical and surgical treatment. They come in small, carefully selected groups, as closer supervision and attention is necessary. (23-1).

Workers put away Directive role

BY ROSE KAPLAN,
Former OTR Instructor, Manteno (Ill.) State Hospital

THERE IS MUCH BENEFIT from the use of creative art media in activity programs planned for mentally ill patients. Such a term could be applied to any material which the patient is allowed to use freely, but water or tempera paints, chalks, clay and finger paint lend themselves most happily to this way of working.

To the occupational therapy or recreation worker or to the attendant who must through the very nature of the hospital routine find himself directing many details of the patient's life, here is a wonderful opportunity. When the worker brings out the chalk and paper, the paints and brushes and the clay, he can put away his role, however considerate and sympathetic, of guardian of the patient's welfare and of the hospital's routine. To the patient, he can become non-directive although supportive—a provider of materials, with a sympathetic understanding of what the patient is trying to do and a real acceptance of and respect for what he produces.

For several years, we have used these media at Manteno State Hospital in both workshop and ward activity programs. Through our experience and observation we have developed certain principles and routines.

The character of the work room must depend of course, on what is available, but whether it is a bright, cheerful workshop or a somewhat dimmer ward day-room, the same procedures are often possible. It is worthwhile to place work tables, large enough to accommodate six or eight patients, out in the room rather than against the wall, so that patients sit facing each other, making a small group at each table, never directly facing the wall as they work. As they sit around the table, there is real value from the social interchange and the support which they sometimes offer to each other.

Materials should be readily available, and if possible, set out attractively on the tables. Enough chalk and paint and paper of different colors should be within easy reach, so that the patient may be assured that there is enough for him to make his efforts without using up scarce or precious materials. It is well to have magazine and jig-saw puzzles, as well as other art or craft materials, available on request, so that there is a genuine choice of activities.

Completed work should be easily and quickly put up on the walls as it is completed. This is a concrete and important way of showing patients that we value their efforts. Perhaps wire can be strung at a convenient height and pictures hung from this with clips or straight pins. If this is not possible, scotch masking tape which

leaves no marks, or adhesive tape can be used to hold them on the walls.

It is desirable to work with random groups of patients—random in the sense that they are from the general population of a ward rather than a select small group interested in art. The opportunity for creative experience must be extended to those who have never taken time or interest in such pursuits, or who have been convinced through past experiences that they cannot perform well in this area.

The worker must strongly stress the element of choice for the patient wherever he is able to make it. He may choose which medium he wants to use, where he wants to sit, what color paper, paint or chalk he wants to use. In many areas of the patient's hospital life, the element of choice has been greatly diminished. Here then with these art materials is an opportunity partially to restore to him the pleasure of making his own decisions. There are variations of course as to how much choice individuals can comfortably make or are able to handle. Some patients have withdrawn from the necessity, in the outside world, of solving problems and making decisions. The small and large daily problems involving their own welfare and that of others were perhaps too burdensome, confusing or painful. Here, then, in these art media, it is well to start where the patient seems comfortable. See that he has choices offered and opportunities presented for problem-solving in the relatively safe area of artistic expression—safe in that no life-affecting decisions are involved.

In many cases, patients who have never before participated will show indifference, lethargy and sometimes hostility. They protest, "This is children's stuff," or "But I couldn't draw. I wouldn't know what to draw." To capture the interest of these patients and to reassure them that this is an adult activity for average people, not only artists, the worker may do a group composition with several patients. He should endeavor to get each one to pick out a color and tell the worker where to put it on the paper and how much of it to use. The worker may handle the chalk but is directed by each patient in turn. The result is a fairly simple abstract composition of flat color areas, which each patient has had a part in directing. They can then be encouraged to do what they like with the chalk, with some emphasis on "trying the colors together just like we did."

Copying should not be encouraged, and illustrations for copying should not be readily available. However, if the patient feels he needs something for this purpose, the worker may get a magazine offering some choice of pictures. Often, after coming several times and seeing the activity about him, such a patient can be encouraged to make something of his own. With the assurance that his work will be accepted, he may no longer need the prop of a prototype.

There must, of course, be no pressure exerted on the patient. Since these are for the most part random groups, it must be recognized that there will be patients who will be uncomfortable with, or at best, disinterested in art activities, and some who have been unable to take spontaneous part in any activity. The approach here should be one of warm acceptance of the patient himself, with every attempt to interest him in some activity. He should be made aware that he does not "have to" use the chalk or paint, but encouraged to "see what interesting things can be done with it." At Manteno, we have been pleased with the results of this aproach. Over the months, we have seen many negative and hostile patients who, when consistently approached with warm interest and invitation, finally pick up the chalk or clay, and slowly find that it has some interest for them and they can express themselves in it.

Acceptance and support figure largely in such a program. Whatever the patient's production, whether an earnest smearing of chalks or a real composition, his work must be taken seriously. It is put up on the wall where he can easily see it, and the worker, finding something in it that he can sincerely praise, has an opportunity to talk with the patient about his work.

THIRD AIDE WORKSHOP AT INDIANAPOLIS

The third meeting of the Psychiatric Aide Programs Workshop is scheduled to take place at the Larue D. Carter Memorial Hospital, Indianapolis, from Friday October 17th through noon Sunday, October 19th.

Lodging and meals for delegates of the Workshop will be furnished by the State of Indiana, and local transportation from train and air terminals upon advance notice of expected arrival times. Other expenses will be the responsibility of the delegates or their agencies.

A report upon this Workshop will be given at the Fourth Mental Hospital Institute, which convenes in Columbus on October 20th.

The worker does not draw on the patient's paper. This is the patient's own expression and must be respected as such. If the patient asks for help in a problem of representation, the problem is taken seriously. An attempt can be made to work it out on a separate sheet of paper, usually with the patient handling the chalk or brush, and talking about his idea. However, the emphasis is not on accurate representation or on any attempt to "teach drawing." Thus the patient usually becomes more at ease and happier about his work, even if he feels that his ability to represent what he thinks and feels is limited. This, of course, is primary in such an activity—the development of his greater acceptance of self, fostered and strengthened by the worker's acceptance of him.

The worker should never stress the content of the patient's production or tell him what to draw. If the patient has trouble knowing what he wants to represent, it is usually well to return to the abstract composition—the many varied possibilities of trying the colors together. The stimuli of holidays and seasons seem non-directive enough so that they can be suggested as points of interest.

If his attempt at representation remains unclear, it is best to refrain from asking what he has drawn. Instead, the worker could appreciate the form, the color, the care with which the work was done. There are endless opportunities for sincere, "accepting" comments. If the subject matter is clear, as in a landscape or flower scene, or if the patient spontaneously tells what he has tried to represent the worker can feel free to discuss this aspect of his work.

There is another reason for limiting any emphasis by the worker on the meaning or subject matter of the patient's work. It is the need to protect the patient from the good intentions of the untrained worker (and frequently the trained one too) who may go astray in the fascinating area of content interpretation. This whole problem of content interpretation is rendered very difficult by the question of where objective content interpretation ends and the projection of the personal feelings and needs of the interpreter begins. It is best, on the whole, to leave this function to specially trained people who are able to work in carefully set up and controlled experimental situations. For the rest of us, there is rich reward as we work, keeping in mind the primary purpose of our use of these media with patients—the enjoyment through expression and the strengthening through acceptance.

Training

LETTER TO EDITOR

PRIVATE HOSPITAL TRAINS AIDES

REFERRING TO Dr. K. V. Kuiper's letter in the May issue, about setting up a training program for aides in private institutions, I am sure you will be interested in our own solution to this problem.

Some eleven years ago we established a twelve month training course, which was formulated by staff doctors and University of Minnesota School of Medicine personnel.

Our staff doctors, several of whom hold teaching appointments at the University, conduct the course. These services are donated to the hospital. Specialists on the hospital staff provide lectures on occupational therapy, dietetics, pharmacology, case records and other non-medical subjects. As these people are on our full time payroll, their services as instructors do not add to the cost, so we are able to offer our course without charge to the students.

The course is divided into two parts—the first three months being devoted to teaching basic nursing care. This is a trial period for both student and school. If a student successfully completes this part of the course, she then moves on to the nine month period of intensified instruction.

Our own doctors, many of whom have been associated with state hospitals in Minnesota, are enthusiastic about the results. (13-1)

ROBERT VAN HAUER,
Asst. Superintendent,
Glenwood Hills Hospital,
Minneapolis, Minn.

THIS MONTH'S COVER

THE BUILDING SHOWN on this month's cover is the first unit of the new Southeast Louisiana Hospital at Mandeville. This 368 bed intensive treatment center is expected to begin operations in October. Ultimately it is planned that this building will be the nucleus of a $17,000,000 institution to provide care for 1700 patients.

The purpose of this modern, one-story building is not only to give intensive treatment to new admissions, but also to be able to treat selected patients from the two hospitals already operating in the state. Resident training and consultative services will be furnished by the Departments of Psychiatry of both the Louisiana State University and the Tulane Medical School. The departments of social work and psychology in the hospital will also integrate their programs with those of the universities.

An active research program directed toward the improvement of treatment of schizophrenia is to be an important part of the new operation, and a special section of 50 beds has been set aside for this purpose.

General Medicine & Surgery

THE "NEW DRUG" IN TUBERCULOSIS TREATMENT

THE FOLLOWING is a quotation from the American Trudeau Society's official statement upon the current status of isonicotinic acid hydrazide in the treatment of tuberculosis:

"The introduction of a new drug in the therapy of tuberculosis is likely to raise more questions for a few years than it will answer. There is no knowledge at the present time that isonicotinic acid hydrazide or its isopropyl derivative will accomplish more than has been accomplished with streptomycin and PAS. It may prove to be an additional drug of great value. It may be years before its exact contribution to the therapy of tuberculosis can be assessed accurately. A large reservoir of undetected and untreated cases of active tuberculosis exists throughout the United States, and there is every expectation that, in spite of the more effective chemotherapy of tuberculosis currently available, the need for hospitalization in institutions with qualified personnel and adequate laboratory facilities will increase rather than decrease. There is at present no basis for expecting that isonicotinic acid hydrazide, or any other drug available, can safely be counted upon to reduce the duration of hospitalization. Rather, in most instances, at least, it may lead to prolongation of hospital treatment since effective chemotherapy may facilitate desirable forms of therapy not otherwise possible.

"It should be emphasized strongly that, with more numerous effective antituberculosis compounds available in the treatment of tuberculosis, more intensive case finding than ever will be indicated. Only through this means can maximum advantage be taken of improvements in therapy.

"After a review of available data on the action of isonicotinic acid hydrazide and its isopropyl derivative upon the tubercle bacillus *in vitro*, and upon the course of experimental tuberculosis in animals and clinical tuberculosis in man, it may be stated that their demonstrated action, although highly encouraging, appears in no way to alter the basic principles of the treatment of tuberculosis as presently understood. Much more work will need to be done to ascertain the exact place of these drugs in the treatment of the disease. With several carefully coordinated studies in prospect, it is anticipated that further information will accumulate rapidly." (19-2)

ADMINISTRATIVE PROCEDURE IN DENTAL DEPARTMENT

THE NEW NORTHVILLE STATE HOSPITAL in Michigan writes as follows about its administrative methods:

"At the end of a normal day's work, appointment slips are filled out for patients we wish to recall, and for any additional patients requiring treatment. The nursing service distributes them to the proper wards. This reduces to a minimum the need for phoning a ward directly for a patient. In planning appointments, every effort is made to avoid interfering with recreational activities, although dental treatment receives priority if it is urgent.

"Pre- and post-operative sedation is used wherever necessary and local anethesia is used not only for surgery but for most restorative procedures. Intravenous general anesthesia is available if needed." (19-3)

Research

ANTI-POLIO RESEARCH AT SCHOOL FOR RETARDED

ONE HUNDRED CHILDREN at the Sonoma (Calif.) State Home are being used in a polio-immunity research project conducted jointly by the state's Department of Mental Hygiene and Department of Public Health, the University of California and the Hooper Foundation. The project will study the effectiveness of a newly-developed immunizing agent.

All of the children selected are under five years of age and were checked to see that none had a natural immunity to polio which according to current theory is built up by most children in their early years. From a total of 130 children tested at Sonoma, only twenty had already developed natural immunity.

Fifty of the experimental group will receive the immunization agent (a suspension of attenuated virus of the Lansing strain, which is one of the four types of virus believed responsible for polio) administered orally, mixed in chocolate milk. The other fifty will serve as the control group.

To prevent the possibility of any child acquiring a mild case of polio from the other patients, thus building up an immunity which would not be the result of the treatment, the children will be carefully isolated for a thirty-day period. They will be under constant observation during this period to see whether an appreciably greater number of the treated group will develop an immunity within the thirty days. Thereafter, children in both groups will be checked at six months, one year and two year intervals.

The present research, it is emphasized, is purely exploratory. The suspension being employed has never been scientifically tested to any degree which would warrant promise that a polio-immunizing agent has been successfully developed. (10-1)

Dietetics

LETTER TO EDITOR

FOOD COST ACCOUNTING AT FEDERAL HOSPITAL

IN CONNECTION WITH the suggestion made by Dr. Ralph M. Chambers in the March 1952 issue, I submit the following on food costing procedures:

The problem of securing a sound basis for valid comparisions of raw food costs in mental hospitals is one, which, if solved, would be of material significance to those hospitals forced to operate on sub-standard food budgets. To achieve this worthy objective, appropriate procedures should be developed to make uniform all elements entering into raw food cost data.

The importance of accurate food cost data at Saint Elizabeths Hospital, Washington, D. C., can perhaps best be illustrated by pointing out that nearly 8 million meals are prepared annually in eight kitchens at a raw food cost approaching two million dollars.

As in many state hospitals, Saint Elizabeths secures food from three sources: from private vendors by purchase, from the Federal surplus commodities program at nominal or no cost, and from the hospital farm. Purchased commodities are secured generally at wholesale prices. For that reason wholesale prices are used in translating surplus and farm foods into dollar equivalents for cost purposes.

All foods, from whatever source, are taken into warehouse inventory accounts and charged out at acquisition cost (for purchased food) or current wholesale prices (for surplus and farm foods.) Warehouse issues are made only on requisitions which form the basis for accumulating cost data for each of eight kitchens. Warehouse and kitchen food inventories are excluded from food consumption data. Thus the raw food ration cost for the hospital as used in budget presentations and reports includes food from all sources and reflects only the value of raw food consumed.

Detailed monthly food cost reports and related quantitative statements are prepared for hospital management officials. These re-

ports are invaluable for effective financial control. They also supply the essential basis for a convincing food budget presentation.

Efforts should be directed toward standardising mental hospital food cost computation methods. Those hospitals having inadequate funds for dietary purposes could well use comparative cost data to improve their situation. (3-1)

WINFRED OVERHOLSER, M.D.
Superintendent,
Saint Elizabeths Hospital,
Washington, D. C.

TRENTON S. H. FINDS ECONOMY IN SOLUBLE COFFEE

THE NEW JERSEY STATE HOSPITAL at Trenton is now using soluble instant coffee exclusively in place of regular ground coffee. After a year's trial they have found it considerably less expensive to use than the regular coffee, even though the latter had been purchased centrally on low bid by the State Purchasing Department. In addition, both patients and personnel prefer the flavor of the soluble coffee.

In a study made to determine the savings effected in supplying coffee for the hospital's 3900 patients and 1100 employees, the cost for the months of January, February and March, 1952, using soluble coffee, were compared against the same months in 1951, when regular coffee was used. The hospital found that the cost was $2500 less in the 1952 quarter, which indicates an overall saving of approximately $10,000 a year on the one item alone. (3-2)

Equipment

ADIRONDACK CHAIR FOR CHILDREN

AN ADIRONDACK CHAIR for small children which is in use at the Polk (Pa.) State School has attracted considerable admiration from official visitors. Dr. Gale Walker, the school's superintendent, has kindly made available the specifications for making the chair. Copies of the diagram are available from Mental Hospital Service. (11-1)

People & Places

Mental Hospital Service received with deep regret news of the death in July of Dr. Marcus Guensberg, Medical Director of the Territorial Hospital at Kaneohe, and of Dr. Clarence H. Bellinger, Superintendent of the Brooklyn (N.Y.) State Hospital, who died in August.

Dr. Edward N. Pleasants has resigned as Superintendent of the State Hospital at Raleigh, N. C., to become Assistant Superintendent and Clinical Director of the Essex County Overbrook Hospital in New Jersey. . . . Dr. Bernard E. Newell was appointed successor to Dr. Charles I. Shaffer, who retired in June as Superintendent of the Somerset (Pa.) State Hospital. . . . The N. Y. State Dept. of Mental Health announces the appointment of two assistant commissioners: Drs. Henry Brill and Robert C. Hunt. Dr. Brill's former post as director of Craig Colony has been assumed by Dr. Charles Greenberg and Dr. George F. Etling succeeds Dr. Hunt as director of St. Lawrence State Hospital. Another recent N. Y. appointment: Dr. Duncan Whitehead as Director of Buffalo State Hospital. . . . Dr. E. F. Magruder resigned in July as Superintendent of the East Louisiana State Hospital at Jackson. Dr. E. M. Robards has taken his place. . . . Dr. Victor H. Bean has succeeded Dr. T. G. Cleveland as Director of the East Mississippi State Hospital at Meridian. Dr. Bean was previously Manager of the V. A. Hospital at Sheridan, Wyoming. The Mississippi hospital recently opened four new buildings for patients, each accommodating approximately 200, and also is constructing new clinical and x-ray laboratories, operating room suite, and out-patient department. . . . Dr. William P. Beckman took office on September 1 as Director of Mental Health for the state of South Carolina. The post is a new one created by the new mental health act passed by the state's 1952 General Assembly. Dr. Beckman's former position as Superintendent of South Carolina State Hospital at Columbia has been assigned to Dr. William S. Hall, the hospital's clinical director. . . . Dr. Frank M. Gaines was appointed Commissioner of Kentucky's newly-created Department of Mental Health. He will be assisted by Dr. Richard B. Jarvis, and Mr. Richard B. Piatt is Business Administrator for the Department.

New Mental Health Department established in Kentucky

BY FRANK M. GAINES, M.D.
Commissioner.

On July 1, 1952, the Department of Mental Health in the Commonwealth of Kentucky was officially established.

This step, sponsored by Governor Lawrence Wetherby and passed unanimously in the recent Legislature, was the outcome of a trend in Kentucky as in other states towards centralized control of mental health facilities.

State responsibility for the care of the mentally ill began in Kentucky in 1816 with the establishment of a hospital in Lexington, which was taken over by the State. Additional facilities have been added through the years, until today there are four mental hospitals and one school for mental defectives in the state.

In 1935 the Department of Welfare was established and to this department was given the task of administering the State hospitals. In 1938 the Division of Hospitals and Mental Hygiene was established within the Department of Welfare, and this section continued to serve as a professional consultation group to the Commissioner of Welfare.

It became increasingly evident in the last two years however, that the problems of the mental hospitals are of such a unique character that they can best be solved through the establishment of a new and separate department headed by a psychiatrist. On the advice of welfare officials and the Governor's Advisory Committee on Mental Health, the Governor included this in his recommendations to the Legislature.

Among the provisions of the new law are that the Commissioner and the Assistant Commissioner be psychiatrists who are appointed directly by the Governor. It also provides that there shall be a Director of Business Administration, responsible to the Commissioner. An Advisory Council of twelve members composed of both physicians and laymen serve as an advisory group to the Commissioner and the Governor. The law provides for a merit system in the state hospitals and prohibits any employee from participating in political activity. It also provides that the new department may grant training stipends or set up special schools, both inside and outside the hospitals.

The headquarters are in Louisville with the State Department of Health rather than at Frankfort. This was arranged in order to coordinate the medical activities of the state in a medical center. Initially the department is to be organized into a Division of Business Administration and a Division of Professional Services. The latter consists of a group of consultants, both full-time and part-time, in the various specialties, such as social service, nursing, group work and so on, who will serve as advisors to the Commissioner and supervise service and training in the hospitals.

The problems of the Kentucky State hospitals are similar to those in most other states, in that there is insufficient space for a growing hospital population and insufficient quarters for the necessary personnel. A long range building program is planned, to take care of this problem gradually. A reorganization of the administrative practices in the hospitals is in progress in order to conform with sound hospital administration. The program instituted in the past year of providing more training for attendants, nurses and recreation workers will be enlarged during the coming year. It is planned to review and revise the commitment law; to prepare a law for the care of sexual psychopaths; to study the problem of hospitalization for the chronic alcoholic and to plan towards additional facilities for the aged. Close cooperation with the University of Louisville Medical School is being increased to include a residency training program at one of the state hospitals. The Commissioner and Assistant Commissioner will continue as faculty members at the University.

Public education insures adequate Appropriations

BY FRANK F. TALLMAN, M.D.
Director Mental Hygiene, California

IN GENERAL, we faired rather satisfactorily at the hands of the Legislature this year. There was one exception—the failure to obtain as many extra people in the rehabilitation or adjunct therapy sections of our hospitals as we had hoped. However, other successes in a sense balanced this failure, and we were reasonably well satisfied when the Legislature adjourned.

The campaign to secure appropriation of the budget requests of the department was, in the broad sense, merely a part of our year-round program to acquaint the people of this state with the true facts about the mental hospitals, the treatment of mental illnesses and the vital importance of understanding the scope of the problems involved.

This work is carried out on a request basis, material and information being furnished to those individuals and organizations that request it rather than on an indiscriminate basis.

However, we have found that the number of people and organizations which have evinced interest in the department and its program is tremendous and literally thousands of requests for information were answered during the year either by provision of prepared materials—usually mimeographed—or by answers to specific requests.

It was found that when such requests were answered with readable and accurate material prepared in lay terms with adequate background explanation, the pressures brought to bear on the individual legislators were instigated by spontaneous action of civic and service organizations themselves.

Where it was felt that there was a lack, or an inadequacy, in the program for providing care and treatment for the mentally ill, such belief was presented to all who asked for it, together with an explanation of why the Department felt it was both needed and practical.

There were no "campaign" appeals for complete and uncritical support of our budget. It was found that in many cases organizations and individuals took the initiative and even criticized the Department for not requesting enough in the budget.

It was also noted that when certain groups —such as the P.T.A.—took parts of the Department's budget requests and concentrated on a certain item that concerned them most (in this case, an increased appropriation for sex crime study and research) their influence was likely to be more effective than if they asked blanket approval for the entire budget.

The basis for most of the department's public information program is a mailing list of about 2,000 organizations and individuals of all sorts throughout the State. This list is composed of those who have specifically asked to receive all information released about the Department. Each month they receive the report of activities for that month, which is written for presentation at the Governor's Council. The list is rechecked every year for correct mailing information and as to whether they wish to remain on it (a requirement of State law). The material contained in this mimeographed monthly report is the basis for hundreds of news articles each month and for hundreds of requests for expanded information on certain topics.

There is no doubt that much of the action taken by various groups is undertaken because of the urging and work of those employees of the department who belong to local mental hygiene societies, P.T.A.'s, women's groups, etc., but this is solely on their own responsibility, and we believe, is a result of the in-service and orientation training which is inculcating pride of profession and appreciation of the problems of mental illness into mental hospital and clinic workers.

Professional personnel of the department give a great deal of time to addressing community groups, participating in panels and discussions, planning over-all community mental health programs, etc. Programs are arranged, mental health films and literature are made available from the central office, and whenever sought, help in obtaining and preparing information for publication about the Department is provided.

It is this year-round providing of accurate and readable information about the department—its deficiencies as well as its attainments—that comprises the "campaign" to secure adequate appropriations for the work, for it has been found that, fortified by facts, the interest in mental health and mental illness so widespread in our country today will translate itself into effective action that must eventually be heeded by the representatives of the people.

TREATMENT OF TB

(Continued from page 4)

pulmonary resections removing all or parts of lobes for tuberculosis. The early results have been very good. Stringer has had similar favorable results with pulmonary resection which will, it seems, join thoracoplasty as one of the two most productive forms of tuberculosis therapy in psychotic patients.

Although good results with favorable mortality rates have been obtained in the collapse and excisional therapy, the high incidence of operative complications with thoracoplasty sounds a proper warning. For success, these methods require well-trained and experienced medical and surgical staffs. A thorough knowledge of pulmonary tuberculosis must be combined with operative skill and experience in the care of patients before and after operation. There is no place for other than competent thoracic surgeons in carrying out thoracoplasty and excisional operations in psychotic patients. Facilities for blood transfusion and proper anesthesia must be available. Needless to say, bronchoscopy is a necessary adjunct in diagnosis and post-operative care.

The personnel and facilities mentioned in the preceding paragraph are not readily provided in hospitals situated in small and isolated communities. In many instances responsible authorities would do well to concentrate the care of tuberculous psychotic patients in centers conveniently situated for adequate professional consultation. Such centers would, furthermore, bring together large enough groups of patients to attract competent full time thoracic clinicians. In addition, proper laboratory facilities, very necessary adjuncts, can be more economically provided for a few large units rather than for many small ones. Only by assembling proper personnel in suitable physical plants can the proper treatment and isolation of tuberculous psychotic patients be carried out. Without proper treatment and isolation, detection programs will be largely fruitless.

DISCIPLINARY ROLES

(Continued from page 5)

psychopathology. She can teach the aides skills and understanding in their relations with patients.

One could go down the list of the professional groups, defining their unique contributions to the patients. The lack of clarity in their roles, alas, has at times caused conflicts. Occasionally the inter-disciplinary overlapping or frictions may reach a point where professional energies are diverted to trying to resolve the issues, while the patient himself is left sitting on the ward.

Rather than seeking to imitate the techniques of other professions it is hoped that each discipline will strive to develop its own special methods and skills. The body of theory and experience which is the foundation of present-day psychiatric practice offers a basis for exploration of new therapeutic approaches. Our knowledge of the genesis, dynamics and treatment of mental illness needs new and fresh outlooks to the end that psychiatry will expand its frontiers and our patients receive more effective treatment.

FREE EDUCATIONAL MATERIALS IN STATE SCHOOL CLASSROOMS

THE EDUCATIONAL DEPARTMENT of the Polk (Pa.) State School has replaced much of the formal textbook instruction in its higher-grade classes with educational booklets provided free by various manufacturers and agencies. While the idea is still in the experimental stage at Polk, it appears that the variety of booklets, most of them interestingly written and colorfully illustrated, is appealing to the children.

A list of such curriculum aids is found in a 349-page manual, "Elementary Teachers Guide to Free Curriculum Materials", published annually by the Educators Progress Service in Randolph, Wisconsin. The 1951 Guide, which sells for $4.50, lists 1447 annotated titles of pamphlets, maps, exhibits, charts, posters, etc., and their source. The topics include geography, citizenship, health, home economics, industry, nature, safety, fine arts, and science. The materials are on an elementary school level.

The Educators Progress Service also publishes annually an "Educators Guide to Free Films", ($6.00) listing 2121 titles to 16mm and 35mm films, and the "Educators Guide to Free Slidefilms" ($4.00) listing 575 titles, both sound and silent. (17-1)

FOURTH INSTITUTE

(Continued from page 5)

meeting immediately afterwards. These simultaneous sessions will include the relationship of private hospitals to public authorities, led by Dr. Harrison Evans, of the Harding Sanatarium, Worthington, Ohio; the patterns of organization and administration of state hospital systems with particular reference to the state "mental hospital authority"; the care of the epileptic patient; the handling of patient's clothing, led by Dr. Ralph M. Chambers, Chief Inspector, A.P.A. Central Inspection Board; Pastoral Counselling, led by Chaplain Donald C. Beatty of the Veterans Administration; and the child patient in the mental hospital and the development of children's units, by Dr. Walter H. Baer.

A.P.A. President, Dr. D. Ewen Cameron, Director of the Allan Memorial Institute of Psychiatry, Montreal, will deliver the Annual Banquet Address. It is also expected that Governor Frank J. Lausche of Ohio will address the group.

At the expressed wish of the majority of the members of last year's Institute, one complete afternoon, Wednesday, October 22nd, will be left free. However, buses or taxis will be available to take anyone who wishes to visit one or more of the local institutions, including Columbus Receiving Hospital, Columbus State Hospital, Columbus State School and the Harding Sanitarium.

Dr. George T. Harding, Medical Director of the Harding Sanitarium, Worthington, Ohio, will be Chairman of the local Arrangements Committee; other members will be Dr. L. O. Dillon, Commissioner of the Ohio Division of Mental Hygiene, Dr. Marlin R. Wedemeyer, Superintendent of Columbus State Hospital and Dr. Ralph M. Patterson, Professor of Psychiatry at the Ohio State University Medical Center.

COMMENTARY

The July issue of ***Hospitals*** runs a story by John W. Manz, chief engineer of the Grace-New Haven Hospital, Conn., which recommends an inspection routine to maintain kitchen equipment and laundry equipment in good order. Mr. Manz claims two advantages—the greater safety to the users of the equipment and the continuity of service by "preventive maintenance." He details some of the potential breakdowns uncovered by such inspections and shows how immediate attention keeps the equipment in use.

The August issue of the same publication publishes an account of the establishment of an out-patient narcotics clinic at the Provident Hospital, Chicago. The emphasis is on rehabilitation and re-education, and psychotherapy is an integral part of the program. The caseload consists mainly of people who had already undergone withdrawal treatment for physical dependence, and others who were still experimenting with less addictive drugs. The clinic follows the pattern of psychiatric clinics, with the usual team of psychiatrist, psychologist and social workers as the core personnel. The clinic is integrated completely with the hospital so that the clinic patients can benefit from the total diagnostic and therapeutic program. The authors, Clyde L. Reynolds, M.H.A., and Walter A. Adams, M.D., both of the Provident Hospital, make no immediate claims or predictions since the clinic is still experimental but the tone of their article sounds optimistic.

Housekeepers will be amused and may also pick up some practical hints from an article in the May issue of ***The Modern Hospital,*** by Emily C. Deming, executive housekeeper at Butterworth Hospital, Grand Rapids, Mich. Miss Deming calls her story "How to keep Sane during a Building Program" and includes valuable information on how to handle linens during such a situation and how to keep down the ever-accumulating dust.

Another article by Miss Deming in the August number is upon the standards which should be set by and for the housekeeping department of a hospital.

In the July number of the magazine is a practical piece upon the keeping of food service records by Neva H. Radell, Asst. Professor of Home Economics at the Teachers College, Columbia University. Also in this number is an article by a mechanical engineer from the U. S. Public Health Service, Carl I. Sandberg, upon a "safe" floor for an operating room. Mr. Sandberg reviews the various materials commonly used, naming their advantages and disadvantages. He includes tables showing resistance readings of various materials under differing conditions, and reminds those working in the operating room of their own responsibility in avoiding accidents of all kinds.

Hospital superintendents occupied with the problem of building should not miss the article, plans and photographs in the June issue of ***The Modern Hospital,*** upon the comprehensive health service being set up in Puerto Rico. Mr. Isadore Rosenfield of New York City is both architect of the hospital center and author of the article. Among other buildings, the new center is to include a 1,000 bed mental hospital.

Hospital Management, May number, runs an article upon the odor problem in hospitals. A poll was conducted of 200 hospitals (general, we assume) most of which admitted to odors in what were termed the "nine trouble zones"—the rooms and wards, lavatories, autopsy rooms, utility rooms, hallways, laundry chutes and kitchens, pathological laboratories, painted areas and operating rooms. Eighty percent of the hospitals said that their odor counteractants now in use are satisfactory, but an unfortunate 20% confessed to difficulties. The article hints that some study and investigation may be made to solve the problems of this sizable minority.

Dr. Robert W. Hyde, of the Boston Psychopathic Hospital, describes "The Twenty Five Books That Our Occupational Therapy Department Has Found Most Helpful" in the July-August issue of ***The American Journal of Occupational Therapy.***

The May-June issue of the ***Welfare Bulletin,*** published by the Illinois Department of Public Welfare, is devoted mostly to the state's mental hospitals. Typical titles: "The Contribution of the Psychiatric Social Worker to the Clinical Team," "Staff and Volunteers," "Care and Training for the Mentally Retarded" and "Progress and Problems in Illinois' Mental Hospitals."

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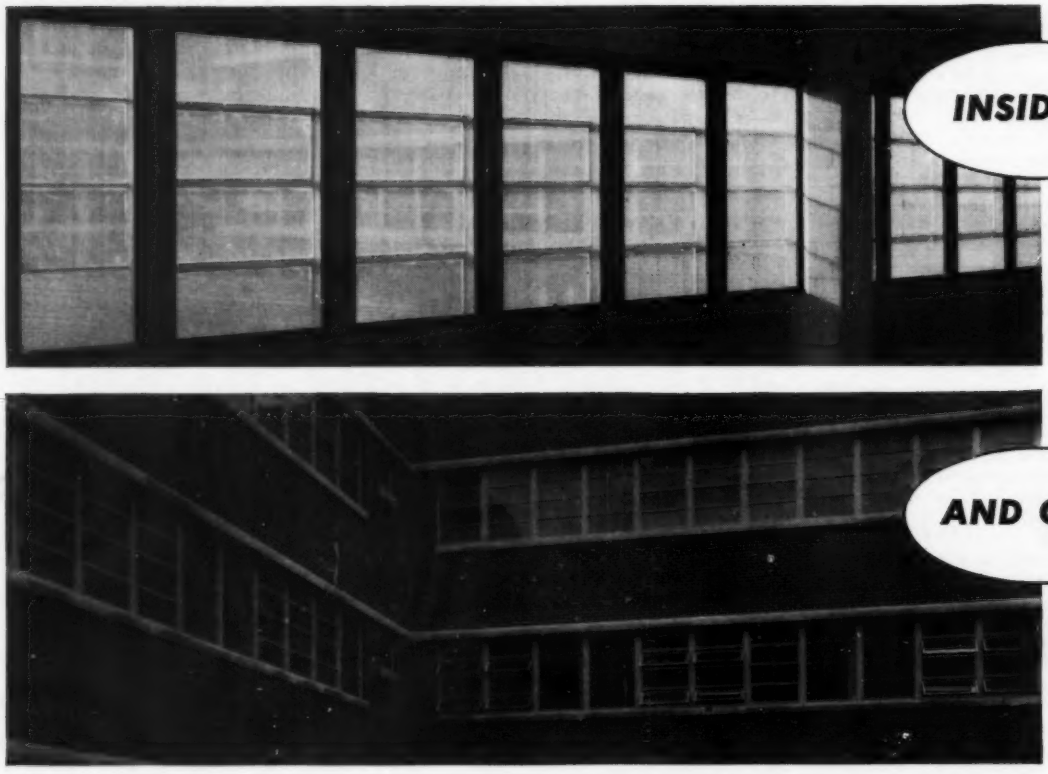

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